

**California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form
Statewide, County and Hospital of Occurrence by Infant Race/Ethnicity: 2004**

	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
State	CALIFORNIA	African-American	26,141	18,314	7,981	70.1	30.5
State	CALIFORNIA	American Indian	542	415	249	76.6	45.9
State	CALIFORNIA	Asian	43,553	36,557	17,422	83.9	40.0
State	CALIFORNIA	Hispanic	270,248	225,842	78,303	83.6	29.0
State	CALIFORNIA	Multi-Race/Other	31,438	26,345	16,127	83.8	51.3
State	CALIFORNIA	Pacific Islander	788	538	216	68.3	27.4
State	CALIFORNIA	White	144,335	125,905	89,126	87.2	61.8
State	CALIFORNIA	Missing	4,514	3,537	2,014	78.4	44.6
State	CALIFORNIA	TOTAL	521,559	437,453	211,438	83.9	40.5
County	MONTEREY	African-American	89	72	47	80.9	52.8
County	MONTEREY	Asian	184	170	123	92.4	66.9
County	MONTEREY	Hispanic	4,824	4,453	2,019	92.3	41.9
County	MONTEREY	Multi-Race/Other	299	267	178	89.3	59.5
County	MONTEREY	White	1,283	1,163	1,019	90.7	79.4
County	MONTEREY	Missing	41	32	15	78.1	*
County	MONTEREY	TOTAL	6,729	6,162	3,406	91.6	50.6
Facility	GEORGE L MEE MEMORIAL HOSPITAL	Hispanic	523	462	15	88.3	*
Facility	GEORGE L MEE MEMORIAL HOSPITAL	White	30	25	10	83.3	*
Facility	GEORGE L MEE MEMORIAL HOSPITAL	TOTAL	576	506	28	87.9	4.9
Facility	MONTEREY PENINSULA COMMUNITY HOSPITAL	African-American	36	29	24	80.6	66.7
Facility	MONTEREY PENINSULA COMMUNITY HOSPITAL	Asian	58	53	49	91.4	84.5
Facility	MONTEREY PENINSULA COMMUNITY HOSPITAL	Hispanic	354	320	291	90.4	82.2
Facility	MONTEREY PENINSULA COMMUNITY HOSPITAL	Multi-Race/Other	146	126	121	86.3	82.9
Facility	MONTEREY PENINSULA COMMUNITY HOSPITAL	White	608	558	546	91.8	89.8
Facility	MONTEREY PENINSULA COMMUNITY HOSPITAL	TOTAL	1,216	1,096	1,041	90.1	85.6
Facility	NATIVIDAD MEDICAL CENTER	African-American	28	19	5	*	*
Facility	NATIVIDAD MEDICAL CENTER	Asian	46	42	13	91.3	*
Facility	NATIVIDAD MEDICAL CENTER	Hispanic	2,554	2,371	709	92.8	27.8
Facility	NATIVIDAD MEDICAL CENTER	Multi-Race/Other	99	91	19	91.9	*
Facility	NATIVIDAD MEDICAL CENTER	White	186	157	66	84.4	35.5
Facility	NATIVIDAD MEDICAL CENTER	Missing	26	19	7	*	*
Facility	NATIVIDAD MEDICAL CENTER	TOTAL	2,940	2,699	819	91.8	27.9
Facility	SALINAS VALLEY MEMORIAL HOSPITAL	Asian	79	74	61	93.7	77.2

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Facility	SALINAS VALLEY MEMORIAL HOSPITAL	Hispanic	1,388	1,295	999	93.3	72.0
Facility	SALINAS VALLEY MEMORIAL HOSPITAL	Multi-Race/Other	39	37	33	94.9	84.6
Facility	SALINAS VALLEY MEMORIAL HOSPITAL	White	448	412	386	92.0	86.2
Facility	SALINAS VALLEY MEMORIAL HOSPITAL	TOTAL	1,978	1,842	1,499	93.1	75.8

Data Source: Genetic Disease Branch, Newborn Screening Data, 2004

Note 1: Data shown only for facilities listed as 'Regular Maternity', 'Kaiser', 'Alternative Birth Center', 'Pediatric', and 'Military' in the newborn screening database.

Note 2: Infant race/ethnicity is based upon mother and father race/ethnicity as recorded on the birth certificate.

Note 3: Data for facilities and counties with fewer than 25 total births with known type of feeding are not shown.

Note 4: Percents of any and exclusive breastfeeding are not shown for fewer than 20 events.

Note 5: Numbers of any and exclusive breastfeeding are not shown for fewer than 5 events.

Note 6: "Any Breastfeeding" includes those exclusively breastfeeding and those supplementing breastfeeding with formula. "Exclusive Breastfeeding" includes those who breastfeed only.

Note 7: Breastfeeding initiation rates vary widely by maternal characteristics. Data presented in these tables are not risk adjusted. Comparisons between facilities or among geographic locations should be made cautiously.

Note 8: The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories describing 'all feedings since birth' (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hypereal and (5) Other.

Note 9: The denominator used to compute the percent any and percent exclusive breastfeeding data is "Total Known Feeding". Births with missing or unknown method of feeding are excluded. In 2004, 2.78% of all births in California had missing or unknown feeding data.